

Yes! I will support the 14th Annual Kessler Foundation Stroll 'N Roll to change the lives of people with disabilities.

I will contribute:		☐ ENCLOSED IS MY CHECK PAYABLE TO: KI	ESSLER FOUNDATION
□ \$25 □ \$50		NAME(S)	
□ \$50 □ \$100		ADDRESS	
□ \$250		CITY/STATE/ZIP	PHONE/EMAIL
□ \$500		PLEASE CHARGE MY GIFT TO MY:	
□ Surprise Us!		☐ American Express ☐ Visa ☐ MasterCard	☐ Discover
		CARD NUMBER	EXP. DATE V-CODE
STOCKS AND SECURITIES Please send me the appropriate st	ock and securities form so I can send my gift.	NAME ON CARD	
TO MAKE YOUR GIFT ONLINE, PLEASE VISIT US AT give.kesslerfoundation.org/donate GIVE ONLINE		SIGNATURE	
		CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABO	VE
THIS GIFT IS: ☐ in honor of: ☐ in memory of:		PLEASE EMAIL ME UPCOMING NEWS AND INFORMATION:	
		☐ This gift is anonymous.	
☐ Please send acknowledgment of this gift to the person/family listed below.		ESTATE PLANNING	
NAME(S)		☐ I have included Kessler Foundation in my estate	plan.
		☐ I would like to learn more about including Kessler Foundation in my estate	
ADDRESS	CITY/STATE/ZIP	plan or making a planned gift. Please contact me.	
PLEASE UPDATE MY CONTACT INFORMATION:		MATCHING GIFTS	
		If your company matches gifts, please complete and enclose a matching gift form along with your contribution, and we will take care of the rest.	
NAME(S)			
ADDRESS		COMPANY NAME	
CITY/STATE/ZIP	PHONE/EMAIL	EMPLOYEE NAME	JOB TITLE

THANK YOU. YOUR GIFT WILL MAKE A DIFFERENCE.